



Camp Crystal Lake

Alachua County Public Schools

Day Trip

Parental Field Trip Permission

Date _____

School _____ Teacher _____ Grade _____

Student Name _____ Date of Birth _____

Permission is requested for your son/daughter _____ to go on a field trip to **Camp Crystal Lake, 6724 Camp Crystal Road, Starke, FL** with his/her class on _____. We will leave the school at _____ a.m. p.m. We will return to school on _____ at _____ a.m. p.m.

Method of Travel

School Bus _____
Private Vehicle _____
Driver _____
Other (specify) _____

Does the student have any pre-existing medical conditions? Yes No

If yes, please explain _____

Is the student taking any current prescription or non-prescription medications? Yes No

If yes, what are they and what are they for? _____

Does the student have any allergies (food, bees, insects, and medicines)? Yes No

If yes, please explain _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Home Address _____

Daytime Phone _____ Evening Phone _____ Other _____

Name & Phone Number of a Relative in case you can't be reached _____